



Registration/Ticket Add Form

This form can be used to add sessions to your registration for the show.
 All additions must be received by April 23, 2009 by 4:30 p.m., E.T.

May 14-17, 2009

Doubletree Hotel Portland-Lloyd Ctr – Portland, OR

1 REGISTRATION INFORMATION

Registrant's Name _____
 Phone # _____ Cell # _____
 E-mail _____ @ _____

2 REQUESTED ADDITIONS

| Add | Registration Option | Class Title | Price | |
|--------------------------|------------------------------|--|-------------|-------------|
| | | | Mbr/Non-Mbr | Enter Total |
| <input type="checkbox"/> | Admission Friday | \$8 first day / \$5 each additional day | \$ Free/8 | \$ _____ |
| <input type="checkbox"/> | Admission Saturday | \$8 first day / \$5 each additional day | \$ Free/8 | \$ _____ |
| <input type="checkbox"/> | Admission Sunday | \$8 first day / \$5 each additional day | \$ Free/8 | \$ _____ |
| <input type="checkbox"/> | Shopping Preview | Thursday – Ticket Required (pre-registered attendees ONLY) | N/C | N/C |
| <input type="checkbox"/> | Friday TKGa Pizza Party | Friday – TKGa Member Mtg/Pizza Party/Show & Share | \$ 25/35 | \$ _____ |
| <input type="checkbox"/> | Saturday Dinner/Fashion Show | Saturday – also Silent Auction | \$ 45/55 | \$ _____ |
| <input type="checkbox"/> | Class # _____ | _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> | Class # _____ | _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> | Class # _____ | _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> | Class # _____ | _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> | Class # _____ | _____ | \$ _____ | \$ _____ |

*USE THIS CHART TO PRICE CLASS ADDITIONS ABOVE

| CLASS FEES | 3 HRS | 6 HRS | 9 HRS | 12 HRS | 15 HRS | 18 HRS | 21 HRS | 24 HRS |
|------------|-------|-------|-------|--------|--------|--------|--------|--------|
| MEMBER | \$75 | \$150 | \$225 | \$290 | \$345 | \$390 | \$420 | \$440 |
| NON-MEMBER | \$95 | \$190 | \$285 | \$350 | \$405 | \$450 | \$480 | \$500 |

3 METHOD OF PAYMENT (Payment due at time of order.)

- Company Check Cashier's Check/Money Order (Make check payable to Offinger Management Co.)
 Debit Card Credit Card American Express Discover MasterCard VISA

All payments in U.S. funds drawn on U.S. banks. \$25 fee charged for returned checks. Amt. to be charged \$ _____
 Credit Card Account # _____ Exp. Date _____
 Cardholder's Name (Print) _____ Authorized Signature _____

4 PLEASE SIGN FORM

NO REFUNDS OR EXCHANGES FOR ADMISSION TICKETS, CLASSES, OR OTHER TICKETED SESSIONS AT ANY KNIT & CROCHET SHOW. Offinger Management Co. will issue check overpayments at the Show site. They must be picked up at the registration counter or be forfeited. No refunds will be issued for coupons or discounts. Refunds will not be issued based on perceived quality of the class or Event. I confirm that all information and credentials provided herein are true and accurate and I agree to all Show policies and regulations. I hereby release Offinger Management Co., sponsors, its officers, agents and employees from any and all liability, claims, lawsuits, damages, losses, costs, and expenses of any kind which arise out of or result from my attendance at the Knit & Crochet Show, whether or not foreseeable, including without limitation, personal injuries to me or my invitees. With my attendance at this Event, I realize that I and/or my products may be included in publicity photos. I hereby give my consent to the Event's producers to use any photos and/or comments in future promotional materials.

PLEASE SIGN NAME

SIGNATURE _____ DATE _____

5 RETURN THIS FORM

Complete and mail or fax to:
Knit & Crochet Show
 1100-H Brandywine Blvd.
 Zanesville OH USA 43701-7303
 PH: 740-452-4541 • Fax: 740-452-2552

| FOR OFFICE USE ONLY | |
|---------------------|------------|
| Rcvd _____ | Amt _____ |
| Ck# _____ | Ackd _____ |